

*You're invited to attend:
A One Day Educational Workshop on:
"Use of Buprenorphine in the Pharmacological
Management of Opioid Dependence"*

Saturday, April 30, 2005

8:00 AM – 6:00 PM

Johnston Memorial Hospital

351 Court Street, Abingdon, VA

**Registration & Continental Breakfast 7:00 AM – 8:00 AM*

This program is recommended for physicians, residents, medical students, nurses, counselors, pharmacists, and physician assistants with experience and/or interest in treating opioid dependence. This program is also recommended for primary care, psychiatric, HIV, and addiction medicine physicians and allied health providers.

At the end of this presentation, trainees will be able to:

1. Identify the clinically relevant pharmacological characteristics of buprenorphine
2. Describe the resources needed to set up office-based treatment with buprenorphine for patients with opioid dependence
3. Describe and contrast the functions of agonists, partial agonists and antagonists
4. List special treatment considerations associated with adolescent opioid-dependent patients and list factors to consider in evaluating a pregnant opioid-dependent woman
5. Describe symptoms of opioid withdrawal or intoxication that mimic symptoms of a psychiatric disorder
6. Describe clinical practice with buprenorphine, including patient assessment, buprenorphine induction, maintenance and medical withdrawal via lectures and small group case discussions
7. Identify and provide or refer buprenorphine-treated patients for ongoing substance abuse psychosocial treatment
8. Identify and describe treatment considerations for patients with co-morbid medical or mental illness

Course Director: Elinore McCance-Katz, M.D., Ph.D.

Faculty: Legree Hallman, M.D., William Massello III, M.D., Patricia Pade, M.D.,
Art Van Zee, M.D., Martha J. Wunsch, M.D.

The School of Medicine, Virginia Commonwealth University, Medical College of Virginia Campus (VCU) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Physicians may claim up to 9.25 hours in Type 1 or Type 2 CME on the Virginia Board of Medicine Continued Competency and Assessment Form required for renewal of an active medical license.

VCU designates this educational activity for a maximum of 9.25 hours in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the activity.

This event is approved for 9.5 Contact Hours provided by the Mid-Atlantic ATTC, a pre-approved SACAVA (#30-4-02), NBCC (#6063) and NAADAC (#000272) Continuing Education Provider.

*Please call (804) 828-5838 for more information or simply complete and return the
attached Registration and Payment form.*

PROGRAM REGISTRATION

YOU MAY REGISTER BY MAIL, FAX, OR PHONE

Mail: VCU

P.O. Box 980109

Richmond, VA 23298

Attn: Rachel Walker

Fax: (804) 828-5300

Phone: (804) 828-5838

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Registration Fee:

Physicians \$100 Allied Health Providers \$40

Residents and Medical Students: No Charge (available on a limited basis)

Pre-registration is recommended as space is limited and registrations are accepted on a first come, first served basis.

Cancellation policy: A \$25 cancellation fee will apply to all cancellations received by April 22, 2005. There will be no refunds on cancellations received after this date. All cancellation requests must be made in writing and sent to VCU P.O. Box 980109 Richmond, VA 23298 Attn: Rachel Walker or faxed to 804-828-5300. All refunds are expected to be completed within four to six weeks after the conference.

PLEASE COMPLETE THIS FORM AND SUBMIT BY MAIL OR FAX

Make all checks payable to: Virginia Commonwealth University

Charge to my Visa _____ MasterCard _____ American Express _____ (check one)

Card # _____ Exp. Date _____

Signature _____

Photo identification is required for entrance to the course.

Please sign here to confirm: I understand that only those who attend the full program will receive a certificate of attendance from VCU:

Check one: ☐ Physician ☐ Allied Health Provider (specify) _____
 ☐ Resident ☐ Student

Your specialty: _____

Do you currently treat patients with opioid dependence? ☐ Yes ☐ No